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CONFIRMATION NO. 5065

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RULE				

## APPLICANTS

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PP

\*\* CONTINUING DATA .....YES.....

This appln claims benefit of 60/442,694 01/24/2003

NO/NE PD

\*\* FOREIGN APPLICATIONS .....

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/29/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		
Verifier and Acknowledged	Allowance <i>Dang Nhut</i> PD Examiner's Signature Initials		
STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
AZ	DRAWING 2	CLAIMS 41	CLAIMS 4

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## TITLE

Enhanced selectivity for epitaxial deposition

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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